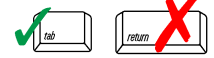




Massachusetts Department of Environmental Protection Bureau of Waste Prevention - Solid Waste Program

Certification for Transfer Station Modification Including Changes to Design, Construction, Operation or Maintenance Pursuant to 310 CMR 19.035(2)(c)

Important: When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



The purpose of this form is for the facility's Responsible Official* to certify that the modification to the design, construction, operation, maintenance, closure, or post-closure use of the transfer station complies with its permit and all other applicable requirements in 310 CMR 16.00: Site Assignment Regulations for Solid Waste Facilities and 310 CMR 19.000 Solid Waste Management Facility Regulations.

INSTRUCTIONS

- As a result of revisions to 310 CMR 19.000: Solid Waste Management Facility Regulations, effective February 14, 2014, the Responsible Official* for the transfer station must submit this certification pursuant to 310 CMR 19.035(2)(c) for any change, except an Expansion as defined at 310 CMR 19.006, to the design, construction, operation or maintenance, closure or post-closure use of a solid waste transfer station that is not a C&D Waste Transfer Station (defined as a transfer station permitted by MassDEP to accept 50 tons per day or more of construction and demolition waste). The modification of a C&D waste transfer station is regulated pursuant to 310 CMR 19.029(2).
- This certification form must be submitted 30 days prior to the modification being implemented.

Important note: In addition to this certification for a modification to the design, construction, operation or maintenance, closure or post-closure use of the solid waste transfer station, the Responsible Official must submit a certification pursuant 310 CMR 19.035(2)(f) by February 15, 2015.

A. Transfer Station Information

Facility Name

Address

City/Town MA State ZIP Code Telephone Number

B. Responsible Official*

*As defined in 310 CMR 19.006, a Responsible Official is "an individual who is duly authorized to bind the entity (e.g., but not limited to, a corporation, limited liability company, partnership, public entity, sole proprietorship or trust) which is subject to 310 CMR 19.000."

Organization Name

Address

City/Town State ZIP Code

Responsible Official Name Responsible Official Title

Email Address Telephone Number

C. Description of Modification

Anticipated Start Date (MM/DD/YYYY) Anticipated End Date (MM/DD/YYYY)

Complete and Return this form to the appropriate MassDEP Regional Office.

Find Your MassDEP Region:
<http://www.mass.gov/eea/agencies/massdep/about/contacts/>

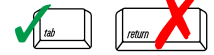
If you have questions, please contact the regional solid waste section chief.



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D. Certification

"I attest under the pains and penalties of perjury:

1. That I am duly authorized to bind the entity (corporation, limited liability corporation, public entity, trust, partnership or sole proprietorship, etc.) which is subject to these regulations;
2. that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
3. that, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete;
4. that, the transfer station does not accept and is not permitted to accept more than 50 tons per day of C&D waste and shall maintain this status;
5. that I have accurately stated whether the transfer station modification is in compliance with the facility's operating permit and all applicable requirements in 310 CMR 16.00: Site Assignment Regulations for Solid Waste Facilities and 19.000 including, but not limited to, 310 CMR 19.043 and 19.207;
6. that all documents, plans and procedures related to the modification are available to MassDEP upon request;
7. that I am fully authorized to make this attestation on behalf of this transfer station; and
8. that I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties, fines and imprisonment, for submitting false, inaccurate, or incomplete information."

Signature of Responsible Official

Print Name of Responsible Official

Date (MM/DD/YYYY)

Complete and Return this form to the appropriate MassDEP Regional Office.

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If you have questions, please contact the regional solid waste section chief.